

FILED FEB 4 1948
6928

State File No. _____
Registrar's No. 1

Registration District No. _____ Primary Registration District No. 5926

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Weston Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 52 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? Born in U. S. A. years.

3. (a) PRINT FULL NAME Charles William Davis
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 10
 year 1942 hour 11:30 minute A. M.

4. Sex Male // 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Davis
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Dec 12 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 30, 1941, to January 10, 1942
 that I last saw him alive on January 9, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 0 28 hr. _____ min.

Immediate cause of death Carcinoma of duodenum, liver and body of pancreas.
 Due to.

9. Birthplace La Porte Indiana
 (City, town, or county) (State or foreign country)

Due to.
 Other conditions
 (Include pregnancy within 3 months of death)

10. Usual occupation Farmer
 11. Industry or business _____

MOTHER FATHER { 12. Name James H. Davis
 13. Birthplace Don't Know Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Able Angle
 15. Birthplace Don't Know Pennsylvania
 (City, town, or county) (State or foreign country)

Major findings: Of operations No operation.
 Of autopsy Carcinomatous growth large as orange of duodenum & pancreas.
 Underline the cause to which death should be charged statistically.

16. (a) Informant Howard Davis
 (b) Address Weston, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42
 (Month) (Day) (Year)

22. If death was due to external causes, fill in the following: and involving liver
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Brill & Dyer
 (b) Address Weston, Missouri
 19. (a) Jan 12 1942 (b) Mrs. Clara Hifflee
 (Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury
 23. Signature Lewis E. Caberl (M. D. certifier) 0
 Address Weston, Mo. Date signed 1/11/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

73
8

73
0

620

RECEIVED

District Health Officer No. Platte
District File Number 242-12
Date Filed 2-3-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

..... working under my personal supervision.

Signed

J. H. Bond
.....
Licensed Embalmer No. 832

P. O. Address Westey, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.